

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



January 25, 1990

ALL-COUNTY LETTER NO. 90-09

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

SUBJECT: NOTIFICATION REQUIREMENTS FOR GAIN SANCTIONS

REFERENCE: ALL-COUNTY LETTER (ACL) 89-95

The purpose of this letter is to transmit suggested language and instructions for the notices discussed in ACL 89-95, Financial Sanctions Question/Answer Number 4 on Page 5.

These are **one-time only notices** for those individuals in the Greater Avenues for Independence (GAIN) Program who received minimum three or six month sanctions after July 1, 1989 as a result of counting instances of non-compliance which occurred prior to July 1. The purpose of the notices is to advise these individuals of changes in the terms of sanctions imposed after July 1. The changes are a result of a change in policy reflected in ACL 89-95 to not count instances of non-compliance that occurred prior to July 1, 1989.

- Attachments 1 and 2 - these are informational notices containing suggested language and must be sent to those individuals who have not yet cured a minimum three or six month sanction. Attachment 1 is for AFDC-FG cases; Attachment 2, for AFDC-U cases.
- Attachments 3 and 4 - these are Notices of Action (NOAs) containing suggested language. They must be printed on the NA290 and must include standard State Hearing language (NA6). These NOAs are to be sent to those individuals who have already cured a minimum three or six month sanction. Attachment 3 is for AFDC-FG cases; Attachment 4, for AFDC-U cases.


As stated in ACL 89-95, if an individual receiving an Attachment 1 or 2 notice contacts the County within 10 calendar days of the notice to express his/her intent to cure the sanction, and

subsequently signs an activity agreement, the discontinuance of his/her aid, including aid to the second parent if applicable, shall be rescinded retroactive to the effective date of the sanction. Those individuals who do not contact the County within the 10 days, but who subsequently cure the sanction, shall not have the discontinuance of aid rescinded (this includes aid to the second parent), and must reapply for aid in order for the grant to be restored. The AFDC beginning date of aid rules will apply (MPP 44-317).

Effective immediately, Counties are required to send notices using the attached suggested language to each affected individual.

Because of the need to expedite the issuance of these notices, no official State translations in languages other than English will be provided. However, we are providing language which informs individuals in their native language that they may contact a County person if they do not understand the notice.

If you have any questions, please contact your GAIN and Employment Services Operations analyst.



DENNIS J. BOYLE
For Deputy Director

Attachment

cc: CWDA

ATTACHMENT 1

DATE: _____

Because of a change in Federal and State law, _____ MAY NOW BE ABLE TO GET CASH AID AGAIN at any time. To get cash aid again, _____ must sign an agreement to cooperate in the GAIN program.

If _____ contacts the County by _____ to make an appointment to sign an activity agreement to cooperate in GAIN and then signs an activity agreement, _____'s cash aid will be restored back to the beginning date of the sanction.

If _____ does not contact the County by _____, the sanction will continue until _____ agrees to cooperate in the GAIN program. After _____, to end the sanction, _____ must sign a GAIN activity agreement, apply for cash aid and be eligible for cash aid.

To end the sanction, contact _____.

INSTRUCTIONS: Use to inform only those AFDC-FG individuals who received a minimum three or six month sanction after July 1, 1989 because instances of non-compliance without good cause before July 1 were counted. THIS IS A ONE-TIME ONLY NOTICE.

Identify the sanctioned individual. Specify the date by which the non-complying individual must contact the County to have the discontinuance of aid rescinded. The date must be 10 calendar days from the date of this notice. If the individual contacts the County by the specified date, the discontinuance of aid is to be automatically rescinded to the effective date of the sanction.

Identify the appropriate person in the CWD who is to be contacted, including his/her phone number.

ATTACHMENT 2

DATE: _____

Because of a change in Federal and State law, _____ MAY NOW BE ABLE TO GET CASH AID AGAIN at any time. To get cash aid again, _____ must sign an agreement to cooperate in the GAIN program.

If _____ contacts the County by _____ to make an appointment to sign an activity agreement to cooperate in GAIN and then signs an activity agreement, _____'s cash aid will be restored back to the beginning date of the sanction. If _____, the second parent, was included in _____'s sanction, _____'s cash aid will also be restored.

If _____ does not contact the County by _____, the sanction will continue until _____ agrees to cooperate in the GAIN program. After _____, to end the sanction, _____ must sign a GAIN activity agreement, apply for cash aid and be eligible for cash aid.

Remember, _____, the second parent, can have his/her aid restored at any time if he/she signs a GAIN activity agreement, applies for cash aid and is eligible for cash aid.

To end the sanction, contact _____.

INSTRUCTIONS: Use to inform only those AFDC-U individuals who received a minimum three or six month sanction after July 1, 1989 because instances of non-compliance without good cause before July 1 were counted. THIS IS A ONE-TIME ONLY NOTICE.

Identify the sanctioned individual. Specify the date by which the non-complying individual must contact the County to have the discontinuance of aid rescinded. The date must be 10 calendar days from the date of this notice. If the individual contacts the County by the specified date, the discontinuance of aid is to be automatically rescinded to the effective date of the sanction.

Identify the second parent who was also sanctioned, if applicable.

Identify the appropriate person in the CWD who is to be contacted, including his/her phone number.

ATTACHMENT 3

State of California
Department of Social Services

Manual Msg. No.: M42-786temp3
Action : Approval
Issue : GAIN
Title : Inform AFDC-FG of
Restoration of Aid

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-786

Form No. : NA290
Effective Date : 1/1/90
Revision Date :

Because of a change in Federal and State law, _____'s cash aid for _____ to _____ is being restored. From _____ to _____, _____'s cash aid was discontinued because of a financial sanction in the GAIN program.

The computations for each month for which cash aid is being restored are shown on the attached page.

_____ is NOT REQUIRED to contact the County to get this restoration of cash aid. But, if there are questions, please contact _____.

INSTRUCTIONS: Use to inform only those AFDC-FG individuals who:

- received a three or six month sanction after July 1, 1989 because instances of non-compliance before July 1 were counted; and,
- have already cured their sanction.

THIS IS A ONE-TIME ONLY NOTICE.

Identify the sanctioned individual. Identify the dates the sanction was in effect.

Attach a separate page showing the computations for months for which aid is being restored.

Identify the appropriate person in the CWD to contact, including his/her phone number.

ATTACHMENT 4

State of California
Department of Social Services

Manual Msg. No.: M42-786temp4
Action : Approval
Issue : GAIN
Title : Inform AFDC-U of
Restoration of Aid

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-786

Form No. : NA290
Effective Date : 1/1/90
Revision Date :

Because of a change in Federal and State law, _____'s cash aid for _____ to _____ is being restored. During _____ to _____, _____'s cash aid was discontinued because of a financial sanction in the GAIN program. If cash aid for _____, the second parent, was discontinued because he/she was not participating, his/her aid will also be restored.

The computations for each month for which cash aid is being restored are shown on the attached page.

_____ is NOT REQUIRED to contact the County to get this restoration of cash aid. But, if there are questions, please contact _____.

INSTRUCTIONS: Use to inform only those AFDC-U individuals who:

- received a three or six month sanction after July 1, 1989 because instances of non-compliance before July 1 were counted; and,
- have already cured their sanction.

THIS IS A ONE-TIME ONLY NOTICE.

Identify the sanctioned individual. Identify the dates the sanction was in effect. Identify the second parent who was also sanctioned, if applicable.

Attach a separate page showing the computations for each month for which aid is being restored.

Identify the appropriate person in the CWD to contact, including his/her phone number.

CONTACT LINE FOR LANGUAGE SERVICES

- If you do not understand this, please call _____ at _____ .
- Si no entiende esto, por favor llame a _____ al _____ .
(SPANISH)
- បើ លោកអ្នកពុំយល់សេចក្តីសំបុត្រនេះទេ សូមទូរស័ព្ទ _____ តាមលេខ _____ ។
(CAMBODIAN)
- ຖ້າທາກທ່ານບໍ່ເຂົ້າໃຈກ່ຽວກັບເລື່ອງນີ້, ໄປຮກໂທຣຫາ _____ ຕາມເລກ _____ .
(LAO)
- Nếu quý vị không hiểu nội dung văn bản này, xin điện thoại cho _____ ở số _____ .
(VIETNAMESE)
- 假如你不瞭解的話, 請打電話給 _____ / _____ .
(CHINESE) (姓名) (電話號碼)